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CONFIRMATION NO. 7805

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| SERIAL NUMBER 10/656,345 | FILING OR 371(c) DATE 09/05/2003 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 265280-73406 |
|------------------------------------|---|---------------------|-------------------------------|--|

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**** CONTINUING DATA *******
 This application is a CON of 09/918,116 07/30/2001 PAT 6,638,312 which claims benefit of 60/223,399
 08/04/2000 *OK AS*

**** FOREIGN APPLICATIONS *******
None AS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/17/2003**

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|--|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i> Examiner's Signature Initials | STATE OR COUNTRY IN | SHEETS DRAWING 3 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 2 |
|--|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

ADDRESS
23643

TITLE
Reinforced small intestinal submucosa

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| FILING FEE RECEIVED 750 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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